

**LOUISVILLE BEIT SEFER YACHAD (LBSY)  
STUDENT INFORMATION 2018-2019**

**FAMILY NAME** \_\_\_\_\_ \*\*Congregation \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Who does student(s) live with? Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**STUDENT INFORMATION**

1) Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Allergies, Meds, Other Concerns \_\_\_\_\_

\_\_\_\_\_

2) Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Allergies, Meds, Other Concerns \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS (Besides Parents)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

*\*\*If unaffiliated with a local congregation please complete Unaffiliated Registration Form.*

**We are interested in being contacted by someone about Life & Legacy. Yes \_\_\_\_\_ No \_\_\_\_\_**

**Return forms/payment to: LBSY, 3600 Dutchmans Ln., Louisville, KY 40205  
Questions: Bev Weinberg, Head of School, 502-802-3855; LBSY.Bev@gmail.com  
Andi Callam, Asst. Director, 812-987-4894; LBSY.Andi@gmail.com**

## LBSY Financial Obligation 2018-2019

**FAMILY NAME** \_\_\_\_\_ **Congregation** \_\_\_\_\_

*The Jewish Federation, through its annual campaign, generously supports the education of students at LBSY, as well as those at The Temple and the High School of Jewish Studies, through its allocation process.*

*We remain committed to providing a quality Jewish education to all of our students. No child will be denied a Jewish education because of financial need. The Jewish Federation has made additional funds available for our students in need, and LBSY will continue to support families who need assistance in paying tuition.*

*If you believe you need financial assistance, please contact the Head of School or a member of the LBSY Board to apply. All applications and all financial information – for all students and families – is kept confidential and is shared only among Board and administrative faculty members on a strict need to know basis.*

*Thank you for your ongoing support.*

### TUITION RATES/PAYMENT PLANS

	Before \$	Synagogue Subvention	Tuition Subtotal**	##	Total Tuition per grade level
Kdg	\$543.75	\$131.25	\$412.50		
1 <sup>st</sup> grade	\$543.75	\$131.25	\$412.50		
2 <sup>nd</sup> grade	\$543.75	\$131.25	\$412.50		
3 <sup>rd</sup> grade	\$1567.50	\$472.50	\$1095.00		
4 <sup>th</sup> grade	\$1567.50	\$472.50	\$1095.00		
5 <sup>th</sup> grade	\$1567.50	\$472.50	\$1095.00		
6 <sup>th</sup> grade	\$1567.50	\$472.50	\$1095.00		
7 <sup>th</sup> grade	\$1567.50	\$472.50	\$1095.00		
8 <sup>th</sup> grade	\$1055.50	\$301.75	\$753.75		

2% Discount for 2<sup>nd</sup> child    3% Discount for 3<sup>rd</sup> child

**Family Total Financial Obligation** \_\_\_\_\_

A deposit of \$250 per child must accompany this registration form. Deposits can be made by check or Mastercard/Visa. Deposits will be deducted from tuition balance. Deposits/Forms are due by June 30. **If forms/deposit is not received by June 30, you will be charged a \$50 late fee.**

There are 2 options for tuition payment. Tuition must be paid in FULL by AUGUST 26 by check or credit card or you can set up a monthly payment plan via credit card. If paid in full by August 26 you receive a 3% discount. (Must pay by check to receive discount) **NO EXCEPTIONS!!!** All monthly payments will be processed during the first full week of each month, September – April.

I will pay \_\_\_\_\_ IN FULL \_\_\_\_\_ MONTHLY PAYMENTS

Payment will be paid by \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

**For Credit card payments:**

Name on Card \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 Zip Code of cardholder \_\_\_\_\_

**Louisville Beit Sefer Yachad (LBSY)  
Release Forms/Medical Information 2018-2019**

**Children's Names:** \_\_\_\_\_

**Medical Information**

Medical Insurance Information

Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Company Phone Numbers \_\_\_\_\_

Insurance provided through \_\_\_\_\_

Child's Primary Care Physician/Phone \_\_\_\_\_

In the event of serious emergency, I give permission to representatives of LBSY to arrange for transportation for my child(ren) to a medical facility and for the facility's medical staff to provide any medically indicated treatment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**School Records Release**

I hereby grant permission for my above named child(ren)'s LBSY school records to be released to the clergy of the synagogue listed on my application.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Field Trip Permission**

I give permission for my above named child(ren) to participate in any school-sponsored field trips and off campus activities during the 2018-2019 academic year. I understand that proper care and attention will be given to safety and supervision.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photographic Permission**

I hereby grant permission for my child(ren) to be included in photos and videos connected with school programs.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_